



## Missouri Department of Agriculture Organic Program Last Prohibited Material Applied Declaration

This form **must** be completed by the previous land owner/manager of this Site.

SECTION 1: General Information				
Applicant Name			Certification Number	
Farm Name				
Site Name			Site Number	
Previous Land Manager Name				
Mailing Address		City	State	Zip Code
Phone Number		Secondary Phone Number		
SECTION 2: Material Declaration				
Have synthetic fertilizers been applied in the last 36 months?			<input type="checkbox"/> yes <input type="checkbox"/> no	
Have synthetic insecticides been applied in the last 36 months?			<input type="checkbox"/> yes <input type="checkbox"/> no	
Have synthetic herbicides been applied in the last 36 months?			<input type="checkbox"/> yes <input type="checkbox"/> no	
List <b><u>ALL</u></b> materials that have been applied to this site in the last 36 months. (Attach additional records as necessary.)				
Date Material Applied	Crop Status of Site <small>(ie, Fallow, Clover)</small>	Product Name <small>(ie, Guthion, Calcium Nitrate)</small>	Type of Material <small>(ie, Fertilizer, Pesticide)</small>	
SECTION 3: Affirmation				
I affirm that the information listed above is correct with regards to the management of property located at: _____				
Signature of Previous Land Manager _____ Date _____				